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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/28/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right trigger point injection cervical

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain Medicine

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for right trigger point injection cervical is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date he fell backwards from a trailer about 5 feet down. The patient underwent anterior cervical discectomy and arthrodesis on 09/27/13. EMG/NCV dated 03/28/14 revealed findings compatible with compromised C7-8 and C5 nerve roots affecting both lower limbs in the right more than left, similar to those seen in severe cases of cervical radiculopathy. MRI of the cervical spine dated 04/02/14 revealed spinal canal stenosis at C6-7. The spinal canal is 9 mm in maximal dimension. This is due to 2 mm of disc material and some ligamentous thickening. The spinal cord is contacted and slightly deformed. There is moderate to moderately severe compromise of the neural foramina bilaterally due to lateralizing disc material and uncovertebral joint spurring which could result in bilateral C7 radicular-type symptoms. There is extensive anterior fusion with metallic plating at the C3-4, C4-5 and C5-6 levels. Treatment to date includes anterior cervical discectomy at C3-7 in September 2013, physical therapy and cervical epidural steroid injection on 05/06/14. Designated doctor evaluation dated 07/09/14 indicates that the patient reached maximum medical improvement as of this date with 5% whole person impairment. The patient underwent cervical trigger point injections on 07/10/14 and reported 20-30% improvement on follow up on 07/30/14. Note dated 01/27/15 indicates that the patient's cervical muscle spasms had improved 65% for 10 weeks requiring less pain medication. Office visit note dated 03/28/15 indicates that he is experiencing more pain in his right arm and bicep. On physical examination there is facet tenderness bilaterally C2-T1. Spurling's test is negative. There are circumscribed trigger points in the trapezius and supraspinatus muscles with a twitch response and referred pain to the right shoulder.

Initial request for right trigger point injection cervical was non-certified on 01/21/15 noting that there is no documentation the claimant has undergone lower levels of care. The claimant

has evidence of radiculopathy with numbness radiating into the upper extremities. There is weakness in the upper extremities. Radiculopathy should not be present. Repeat injections are not supported unless there is greater than 50% pain relief with reduced medication use for six weeks. There is no documentation the claimant achieved this level of relief after the previous injection. The use of IV sedation with trigger point injections is not supported by the guideline. The number of injections to be performed was not documented. Appeal letter dated 01/29/15 indicates that since the time of the injury he has been complaining of persistent neck pain with radicular symptoms. He last had trigger point injections on 07/10/14 and reported an 80% improvement in his pain condition afterward. The denial was upheld on appeal dated 03/04/15 noting that guidelines indicate that trigger point injections are not recommended in the absence of myofascial pain syndrome and trigger point injections are not recommended when there are radicular signs.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The Official Disability Guidelines require documentation that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. There is no indication that the patient has undergone any recent active treatment. The Official Disability Guidelines support trigger point injections when radiculopathy is not present. The patient presents with sensory and motor deficits on physical examination which appear to be corroborated by MRI of the cervical spine and EMG/NCV. EMG/NCV dated 03/28/14 revealed findings compatible with compromised C7-8 and C5 nerve roots affecting both lower limbs in the right more than left, similar to those seen in severe cases of cervical radiculopathy. The request is nonspecific and does not indicate the number of trigger point injections to be performed. As such, it is the opinion of the reviewer that the request for right trigger point injection cervical is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)